2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L03000039161

1. Entity Name 824 LLC

Mailing Address

Principal Place of Business 6925 S.W. 8TH STREET MIAMI, FL 33134

6925 S.W. 8TH STREET MIAMI, FL 33134 FILED Mar 26, 2007 08:00 AM Secretary of State



03212007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired S5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DEL REY, JULIO JR. 6925 S.W. 8TH STREET MIAMI, FL 33134

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8.	. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.	

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME	MGR DEL REY, JULIO JR.
STREET ADDRESS	6925 S.W. 8TH STREET
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	
NAME STREET ADDRESS	
CITY-SI-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
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STREET ADDRESS CITY-ST-ZIP	
 	
TITLE	
NAME STREET ADDRESS	
CITY-ST-ZIP	
J. J. J. Z.	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATI

3/21/07

Davime Phone #